

## Prevalence of Gender-Based Violence: Preliminary Findings from a Field Assessment in Six Shelters in Kosovo

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### 1. Definition

Gender-based violence (GBV) is a term describing any harm perpetrated against a person that results from unequal power relationships determined by social roles ascribed to males and females. While recognizing that boys and men may be exposed to gendered violence, the inequality of power that is the foundation of GBV, coupled with women's inferior status in virtually all societies, means that women and girls are the primary targets of GBV around the globe. As such, the term GBV continues to be used principally in reference to violence against women and girls. In a definition put forth in 1993 that is still widely referenced today, the United Nations classified violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life" (United Nations 1993).

This definition highlights that violence against women encompasses a broad range of abuses, from assault to emotional and institutional abuse or the threat of such abuse. As such, manifestations of GBV might variously include exploitation, trafficking of women and girls, denial of rights, exclusion from social benefits and other forms of discrimination, and cultural practices that have harmful implications for women and girls.

Source: Alwesson, Mac & Billing Yvonne Duet 1997 (Understanding Gender and Organizations)

#### 1.1 Global scope

It has been estimated that at least one in every three women around the globe "has been beaten, coerced into sex, or otherwise abused in her lifetime" (Heise, Ellsberg and Gottmoeller, 1999). In many settings in the world, the percentage is even higher. From birth to death, millions of women are directly exposed to violence, and an even greater number are forced to live with the fear its pervasiveness instills. As numerous investigator activists have highlighted, violence against women may begin even before birth: In certain parts of the world, sex-selective abortions of female fetuses, female infanticide, and fatal neglect of girl children have caused dramatic imbalances in sex ratios between males and females. Some researchers place the global number of "missing" women—those who should currently be living but are not because of discriminatory practices—at between 50 and 100 million (Sen, 1990, in Hatti et al, 2004).

During childhood, girls may be up to three times more likely to experience sexual abuse than boys, and various data indicate that they are the majority of all incest victims (Innocenti, 2011). Of the almost two million children being exploited in prostitution and pornography worldwide, 80 percent to 90 percent are girls in most countries (ILO, 2000). In the rapidly increasing global trafficking market, well over a half-million human beings are forcibly or coercively transported across international borders each year—an estimated 80 percent of these victims are women and girls, and most of them are believed to be trafficked into the commercial sex industry (Assefa et al, 2005).

Source: Antony Giddens "The Consequences Of Modernity"

#### 1.2 Questions and hypotheses according to preliminary findings from a field assessment in six shelters-Kosovo

1. Impact of gender-based violence, the psychological, physical and health symptoms?
2. The research methodology?
3. Protective measures in Kosovo?
4. The relevant institution to prevent gender-based violence in Kosovo?
5. Research objectives

### 1.3 Hypotheses

1. Why women in Kosovo don't report violence?
2. From all reported cases to Kosovo police why only 50 percent are sheltered at safety houses?

### 1.4 Impact

According to a 1993 World Development Report, violence "is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of illhealth than traffic accident and malaria combined (cited in WHO info pack, no date).

GBV has serious consequences on women's mental, physical, and reproductive health. Mental health effects often associated with intimate-partner violence (IPV), include depression, anxiety, post-traumatic stress disorder and alcohol and drug abuse. Physical health effects include immediate injuries usually in the face, neck, upper torso, breast or abdomen regions which cause both acute and chronic pain, cuts, burns, bruises, broken teeth and/or bones, muscular skeletal injuries and damage to eyes and ears. Longer term physical health effects can impact neurological, gastrointestinal and muscular, urinary and reproductive system and lead to chronic pain and chronic irritable bowel syndrome have also been found to be associated with gender-based violence. Reproductive health effects of forced sexual relations include a wide range of gynecological problems.

Source: Këshilli i Evropës 2009 (Positive action in the field of Equality between Woman and Man) Strazburg (EG - S - PQA 2001)

## 2. The Research Methodology

Six Shelters in the Kosovo were selected for the site of the survey. Women of reproductive age (18-49) from a total of 473 households were visited which lead to 332 completed interviews. The 174-question survey was designed to generate estimates of sexual and physical violence perpetrated by armed actors and other non family members during three time periods defined by historical markers including: 1.) conflict, defined as both the Serbian "apartheid" (1988-1998) and the War (1998-1999) (dates variable according to participant displacement history) and 3. post-conflict (from September 1999 or subsequent repatriation up to the time of the research). The questionnaire was also designed to investigate recent incidents of intimate partner violence and lifetime exposure to injuries by an intimate partner. Questions were incorporated to elicit contextual information + about the violence, including the types of injuries sustained, pregnancy outcomes, whether and what sources of help were consulted and their comparative value and the current emotional health status of the respondent.

Source: Woman Wellnes Center, Safe House Pejë (Annual Report)

## 3. Data Collection

Due to the sensitive nature of the questions and the difficulty in obtaining privacy at the resident's home, respondents who were willing to participate were scheduled for an appointment time at shelter. At the time of the interview, a verbal consent form was read to the participant. The consent form informed the participants that information they provided would be anonymous, that their decision regarding participation was voluntary and that participation would have no bearing on their access to food, water, health care or social services in the community or to their families access to these services. The women were also told that if they chose to participate information about family life and exposure to various forms of GBV would be recorded and that the interview would last approximately 60 minutes. The respondent were then read the question and asked to supply verbal responses. Women reported on incidents that they had personally experienced, with the exception of several questions about sisters exposure to violence. In an effort to minimize errors or missing data supervisors checked completed surveys before participants left the interview location. At the recommendation of the interview teams, respondents were given small gifts for participation (shampoo) but participants were not informed of the gift prior to completing the interview to avoid influencing participation.

## 4. Protective Measures in Kosovo Shelters

Protection Measures of Psycho -Social Treatment

Protection Measures on prohibition of approaching the domestic violence victim  
Protection Measures of prohibition of Harassment to persons Exposed 0 Violence  
Protection Measures of removal from apartment house of other living premises  
Protection Measures of accompanying victim of violence  
Protection Measures medical treatment from alcohol dependency and dependency from psychotropic substances  
Protection Measures of confiscation of item  
Property Protection Measures  
Source: Drejt Balances Gjimore (Këshilli i Evropës, Strazburg 12 Mars 2001)

## 5. Institutional Support for the Implementation of Law on Protection against Domestic Violence

Apart six shelters, the network of supportive institutions for survivors of domestic violence is functioning in Kosovo:  
Kosovo Police, domestic violence unit  
Victims advocate  
Center for Social Work  
Municipal Court  
Prosecution  
Safe House  
Regional Hospital

## 6. Research Objectives

In Kosovo, thousands of Kosovar women were killed as victims of "ethnic cleansing" (UNIFEM, 2000). An estimate 23,200 to 45,600 Kosovar Albanian women are believed to have been raped between August and August 1999, the height of the conflict with Serbia (Hynes and Lopes Cardozo, 2000). However, obtaining a true picture of the scope of sexual violence committed during Kosovo's extended period of apartheid and brief war has been as challenging as in other conflict-affected regions. Research mounted by international organizations such as Human Rights Watch, for example, has been unsuccessful in reliably identifying the numbers of victims (Human Rights Watch, 2000). Information about domestic violence is somewhat more accessible. A United Nations Development Fund for Women post-war qualitative assessment of domestic violence found that 23 percent of the Kosovar Albanian women interviewed had experienced domestic violence in 1999-2000 (UNIFEM, 2000). Although ethnically Albanian women were targeted in the greatest numbers, ethnically Serbians, Roma, Egyptian and Ashkenazi women were. The principal aim of this study was to assess the prevalence of GBV, specifically intimate partner and sexual violence, among ethnic Albanian women of reproductive age (18-49 years of age) living in the Peja region. Additional aims of the research project included: field testing a survey tool in a post-conflict setting; identifying the barriers to and preferences for GBV prevention and treatment services by producing useful data on the nature and scope of GBV and its mental health sequelae and reproductive health outcomes. Improving field-based programs ability to conduct and disseminate GBV research through training local NGO staff in population-based research techniques and providing data necessary to conduct advocacy to health care providers and donor agencies regarding the need for comprehensive GBV programming and goals for policy development.

Source: Woman Wellnes Center, Safe House Pejë (Annual Report)

## 7. Hypotheses

### 7.1 Why women in Kosovo don't report violence?

- Economic Dependence
- Childrens
- Low level of Education
- Lack of Information (Lack of Help-seeking Behavior)
- Family Threat
- Lifetime Physical Injuries from intimate Partner Violence
- Violence during Childhood
- Factors for Intimate Partner Violence (Imitation and control, verbal abuse, physical violence, sexual coercion)

## 7.2 From all reported cases to Kosovo police why only 50 percent of cases are sheltered at the safety houses?

- Patriarchal society(Mentality)
- To prevent the family(childrens)
- Family Threat(husband,father in low,intimate partner)
- Support from their family
- Stigmatizatione

## 8. Summary and Future Research

Sexual violence during the Kosovo conflict has been documentet widely.The relatively low rates of reporting on sexual violence,particularly physical forms of sexual violence ,appear to be at odds whith experience.However,the rates of reporting on domestic violence are consistent whith anecdotal reports, indicating that participants did not universally conceal their experiences of violence.One possible reason for the higher reports of domestic violence as opposed to violence perpetrated by non-family members could have been a reflection of the structure of the survey.There is a possibility that by the time the majority of the interviews had occurred,women started feeling more confrontable in disclosing more information.

More research needs to be done on improving respondents comfort whith and capacity to report experiences of sexual violence.

During and in the aftermath of the research,no study coordinator ever received any report of a case involving threats to a women as result of taking part in the survey.In follow-up focus groups whith randomly selected women in the communities where the research had been conducted,participants did report that they spoke whith other women about the surveys but not men.Women seemed to approve of the research study due because it was based on issues that women had been confronted whith for years but never asked to recount.The coordinators reported no instances in wich they had been threatened by community members.

Only women of reproductive age(18-49) were surveyed because the survey was concerned whith analyzing reproductive health issues,but the sample was not large enough to generate sufficient numbers of women to analyze reproductive health outcomes.In addition ,the interviewers informed the study team that since older women are more respected in the communitythey are often more willing to talk about their histories .Including women over 49 years in the study would probably have produced more in-depth information about women's experiences GBV.

In the last twenty years GBV has been increasingly recognized as a serious global health,human rights and development issue.More recently ,there has been an acknowledgement of the extent and impact of GBV during conflict,and an appreciation that any efforts at post-conflict reconstruction must include programming and policy development aimed at redressing and reducing violence against women and girls.The data presented above suggest that GBV is a significant problem in Kosovo,most evidently in terms of intimate partner violence.

Addressing GBV requires coordinated,inter-agency and multi-sectoral strategies that 1 )aim of prevention of GBV through policy reform and widderspread implementation of protective mechanisms; 2)built the capacity of health,social welfare,legal and security systems to recognize,monitor and respond to GBV; and 3)ensure rapid and respectful services to survivors.Combating GBV additionally involves encouraging fundamental social change that supports women's human rights as well their equal participation in economic and social development.While interventions should be designed whith sensitivity and respect for culture and tradition,promoting and protecting women's rights will invariably involve challenging the normative social values that promote GBV.

A next immediate step should be to focus on putting a GBV support system in place and simultaneously,generating awareness about the GBV services that make up that system.The current infrastructure and capacity of the different organizations and systems should be evaluated.

Source: Parandalimi dhe reagimi ndaj krimeve të urrejtjes (OSCE Mission In Kosova)

### 8.1 Future Research

Conducting community research on sexual and physical violence,particularly in post conflict settings,raises many important ethical and safety considerations.In exploring such a sensitive and important topic,it is crucial that the research be strongly linked whith local organizations so that these organizations,which will be responsible for developing responses based on the data,have a sense of ownership of the research.Action plans should be developed whith local

collaborators so that data are used in an effective and timely manner and strategies devised for using the data most effectively for fund-raising for programmatic response. This pilot study affirmed the feasibility of the study design, demonstrated the safety of the methodology and taught many lessons on the basis of which future work will be based.

## 8.2 Remarks

During my research project where I was a part of focus group I use primary data (based on my own research) and secondary data (interviews, NGO, colleagues, friends, institutional leaders, victims and their family members).

My research also was a combination between field work and desk based information. I was based on Inductive Methodology planning that in future research to continue also with some Deductive Methodology.

Taking into consideration a subject of research project an extraordinary attention is given to ethical point of view especially combination of moral and legal ethics.

## 9. Conclusion: Gender Equality Based

An complex relation, but no free lunch! There is a two-way relationship, from empowerment to development and vice-versa! But there is an easy confusion between a two-way relationship and the possibility of poverty traps (or their positive twins, virtuous circles).

- If both relationships are relatively mild, the composite function will not be the source of a poverty trap. Burkina-Faso example: improving property rights, if it leads to full efficiency in household production, will increase yield by 6%. Assume that yield is income: would an increase in 6% in income be sufficient to bring about substantial increase in other dimension of the position of women in society? I am not sure (we don't really have the right data to say). But most likely, not.
- Economic development alone is insufficient to ensure significant progress in important dimensions of women's empowerment (particularly, decision making ability in the face of persistent stereotype)
- Empowerment alone helps in some dimensions at the expense of others.
- Neither economic development nor empowerment is the magic bullet we'd love to find.
- To bring about equality between men and women it will be necessary to take policy action that favors women at the expense of men.
- Collateral benefits may not be sufficient to compensate men: we may
- need to have the political courage to stand for equity for its own sake.

## References

- Alwesson, Mac & Billing Yvonne Duet 1997 (Understanding Gender and Organizations)  
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